

MARYLAND DEPARTMENT OF HEALTH

# 2018 HealthChoice Evaluation: 2012 - 2016

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May 24, 2018

# Overview

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Element	Content
Program Updates	Summarizes changes to the overall Medicaid program, <i>e.g.</i> , new initiatives or benefits, grant awards
Coverage and Access	Discusses trends in overall Medicaid and managed care enrollment, provider network adequacy, and access to services
Medical Home	Reviews ambulatory care use, emergency department (ED) use and trends, and continuity of care
Quality of Care	Tracks trends in quality measures for preventive care and chronic conditions
Special Topics	Presents other HealthChoice topics, <i>e.g.</i> , behavioral health, dental care, foster care, racial disparities
ACA Expansion	Evaluates enrollment, access, and utilization trends under the Affordable Care Act (ACA) expansion

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# Program Goals and Updates

# Demonstration Goals

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- Provide a patient-focused system with a medical home for all beneficiaries
- Build on the strengths of the established Maryland health care system
- Provide comprehensive, prevention-oriented systems of care
- Hold managed care organization (MCOs) accountable for high-quality care
- Achieve better value and predictable expenses

# Program Updates

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- Evaluation Period – CY 2012 – CY 2016
- Previous waiver periods (*covered in the evaluation*)
  - Expansion of Family Planning Program to all women up to 200 percent of the Federal Poverty Level (FPL) (2012)
  - Affordable Care Act (ACA) Medicaid Expansion (2014)
  - Behavioral Health Integration (2015)
- Current waiver period (*covered in next evaluation*)
  - Dental Expansion for Former Foster Youth
  - Residential Treatment Services for Individuals with Substance Use Disorders (SUD)
  - Community Health Pilots: Home Visiting Services and Assistance in Community Integration Services

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# Coverage and Access

# Enrollment Growth

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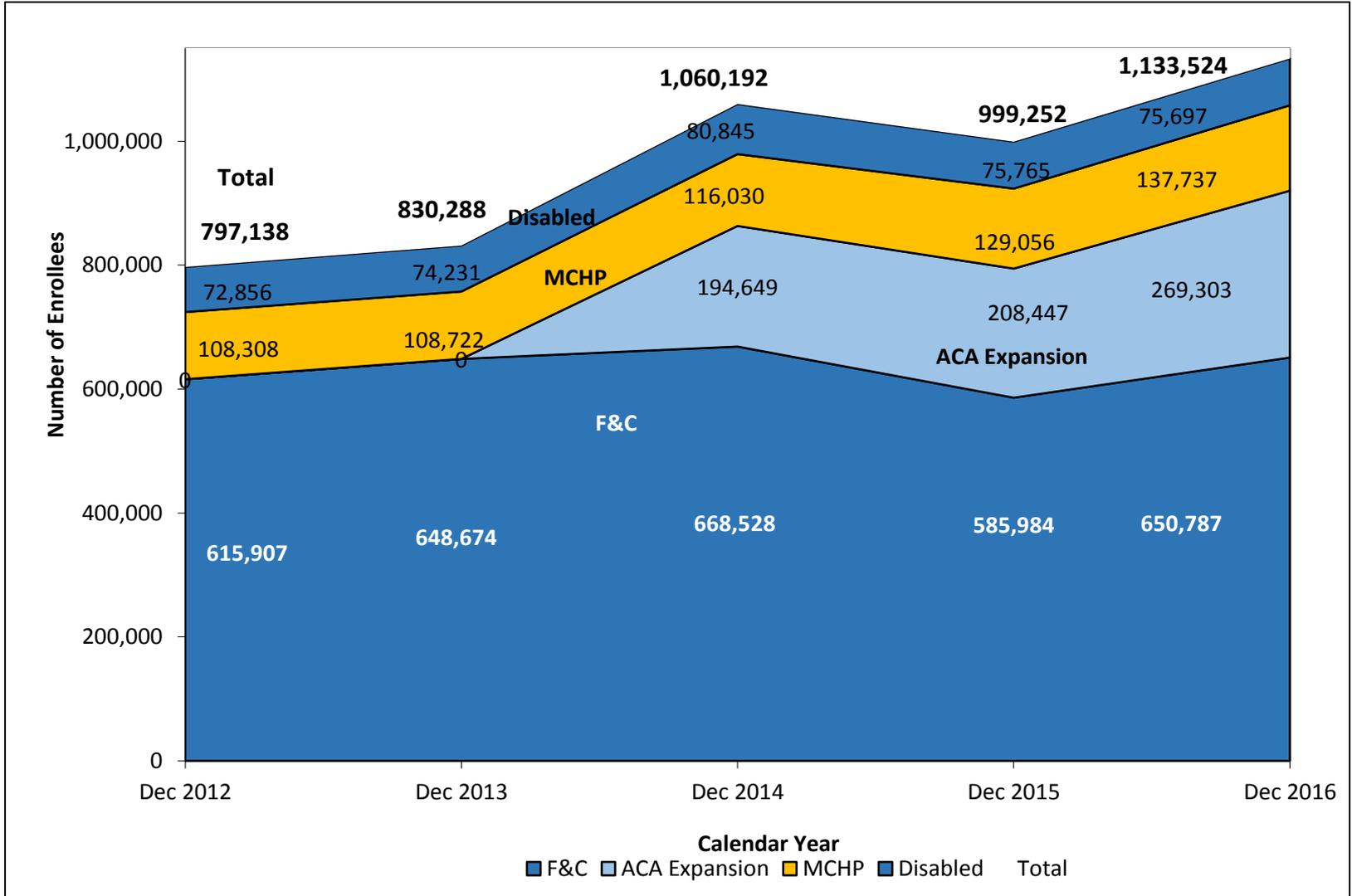
**From 2013 to 2016, Maryland experienced the 14<sup>th</sup>-highest Medicaid and CHIP growth rate of the 48 continental states and the District of Columbia.\***

- From CY 2012 to CY 2016, the HealthChoice population grew by 42.2 percent, from 797,138 enrollees to 1,133,524 enrollees.
- The percentage of Maryland Medicaid enrollees in managed care remained high, increasing from 81.5 percent to 84.1 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 15.8 percent to 21.2 percent (any period of enrollment).

*\*Gates, Rudowitz, Artiga, & Snyder, 2016*

Coverage

# Enrollment Growth



Coverage

# Coverage in Maryland

	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
<b>Maryland Population*</b>	5,889,651	5,931,129	5,967,295	5,994,983	6,052,177
<b>Individuals Enrolled in HealthChoice for Any Period of Time During the Year</b>					
<b>HealthChoice Population</b>	930,647	961,597	1,251,023	1,304,492	1,285,807
<b>% of Population in HealthChoice</b>	15.8%	16.2%	21.0%	21.8%	21.2%
<b>Individuals Enrolled in HealthChoice as of December 31</b>					
<b>HealthChoice Population</b>	797,138	830,288	1,060,192	999,252	1,133,524
<b>% of Population in HealthChoice</b>	13.5%	14.0%	17.8%	16.7%	18.7%

Coverage

# Enrollment Growth

Demographic Category	CY 2012		CY 2016	
	# of Participants	% of Total	# of Participants	% of Total
<b>Sex</b>				
<b>Female</b>	529,251	56.9%	699,264	54.4%
<b>Male</b>	401,073	43.1%	586,543	45.6%
<b>Total</b>	930,324	100%	1,285,807	100%
<b>Age Group (Years)</b>				
<b>0 - &lt;1</b>	35,832	3.9%	36,479	2.8%
<b>1 - 2</b>	77,213	8.3%	79,073	6.2%
<b>3 - 5</b>	114,035	12.3%	108,066	8.4%
<b>6 - 9</b>	129,273	13.9%	147,192	11.5%
<b>10 - 14</b>	137,482	14.8%	156,502	12.2%
<b>15 - 18</b>	96,069	10.3%	108,887	8.5%
<b>19 - 20</b>	41,444	4.5%	46,034	3.6%
<b>21 - 39</b>	192,868	20.7%	341,689	26.6%
<b>40 - 64</b>	106,108	11.4%	261,885	20.4%
<b>Total</b>	930,324	100%	1,285,807	100%

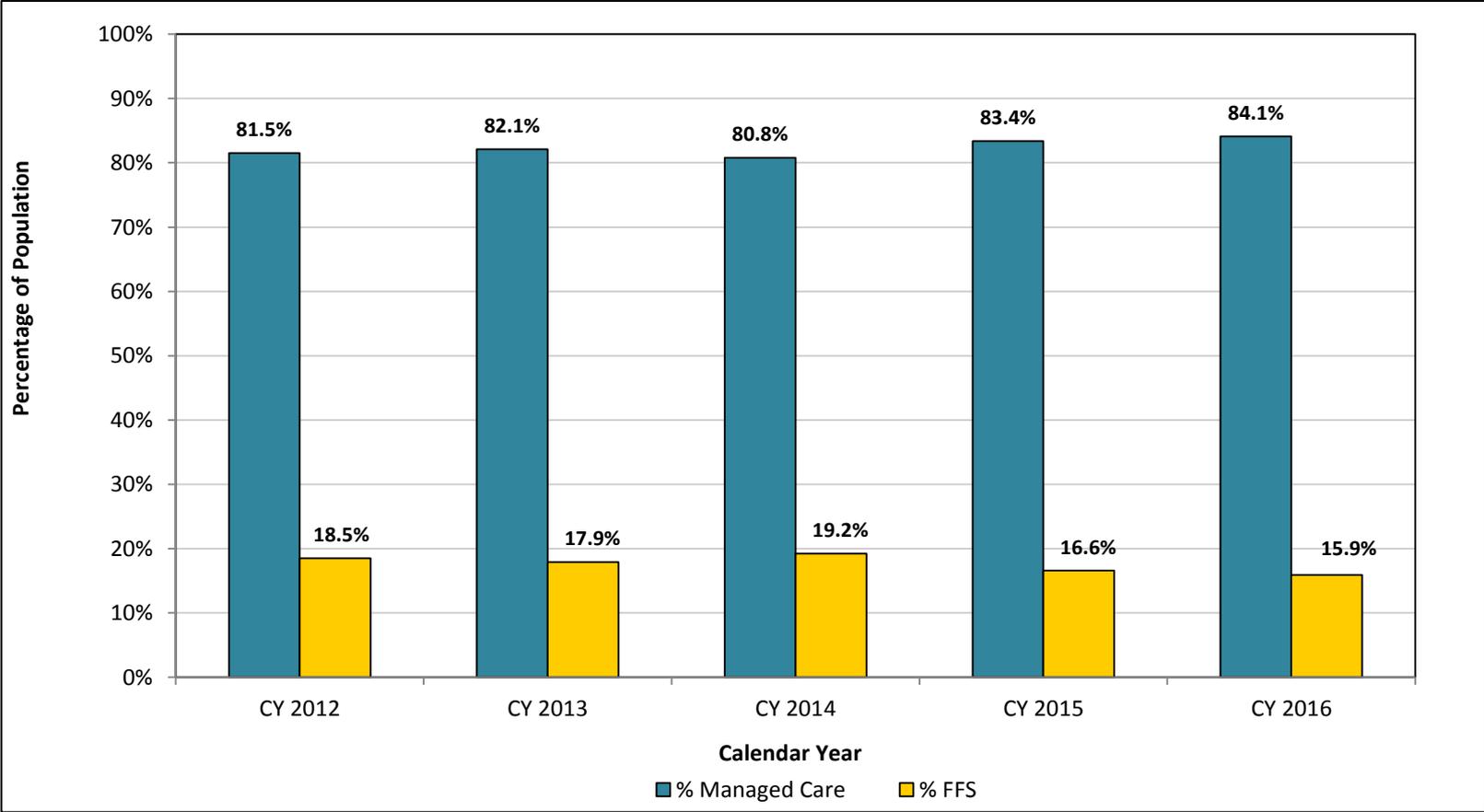
## Coverage

# Enrollment Growth

Demographic Category	CY 2012		CY 2016	
	# of Participants	% of Total	# of Participants	% of Total
<b>Race/Ethnicity</b>				
<b>Asian</b>	32,095	3.5%	55,262	4.3%
<b>Black</b>	456,318	49.1%	561,106	43.6%
<b>White</b>	268,914	28.9%	369,408	28.7%
<b>Hispanic</b>	114,749	12.3%	116,788	9.1%
<b>Native American</b>	1,844	0.2%	3,618	0.3%
<b>Other*</b>	56,404	6.1%	179,625	14.0%
<b>Total</b>	930,324	100%	1,285,807	100%
<b>Region**</b>				
<b>Baltimore City</b>	192,931	20.7%	238,925	18.6%
<b>Baltimore Metro</b>	256,717	27.6%	370,147	28.8%
<b>Eastern Shore</b>	89,359	9.6%	120,328	9.4%
<b>Southern Maryland</b>	46,627	5.0%	64,555	5.0%
<b>Washington Metro</b>	266,826	28.7%	386,488	30.1%
<b>Western Maryland</b>	75,573	8.1%	104,010	8.1%
<b>Out of State</b>	2,291	0.3%	1,354	0.1%
<b>Total</b>	930,324	100%	1,285,807	100%

Coverage

# Managed Care



# Network Adequacy

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- Provider networks in all 23 counties and Baltimore City met standard enrollee-to-primary care provider (PCP) ratio of 500:1
- Five counties do not meet the 200:1 ratio:
  - Allegany
  - Caroline
  - Dorchester
  - Prince George's
  - Wicomico

Access

# Consumer Satisfaction

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CAHPS Measures	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
<b>Adults: Getting Needed Care – Percentage responding “Usually” or “Always”</b>					
<b>HealthChoice</b>	79%	80%	80%	81%	82%
<b>NCQA Quality Compass Benchmark</b>	81%	81%	81%	80%	82%
<b>Adults: Getting Care Quickly – Percentage responding “Usually” or “Always”</b>					
<b>HealthChoice</b>	80%	79%	78%	81%	81%
<b>NCQA Quality Compass Benchmark</b>	81%	81%	81%	80%	82%
<b>Children: Getting Needed Care – Percentage responding “Usually” or “Always”</b>					
<b>HealthChoice</b>	82%	84%	83%	83%	83%
<b>NCQA Quality Compass Benchmark</b>	84%	85%	84%	84%	85%
<b>Children: Getting Care Quickly – Percentage responding “Usually” or “Always”</b>					
<b>HealthChoice</b>	91%	90%	88%	90%	88%
<b>NCQA Quality Compass Benchmark</b>	89%	89%	89%	89%	89%

# Utilization

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- Participants with an ambulatory care visit remained the same in CY 2012 and CY 2016, at 78.6 percent.
  - The largest increase was seen among children aged 10-18, growing from 75.9 percent to 80.1 percent.
- The emergency department (ED) visit rate in CY 2016 was 31.1 percent, a decrease from 33.7 percent in CY 2012.
  - The 19-39 and 40-46 age groups saw large decreases, by 4.6 and 4.9 percentage points, respectively.
- Inpatient admissions decreased by 3.7 percentage points, from 14.3 percent in CY 2012 to 10.6 percent in CY 2016.

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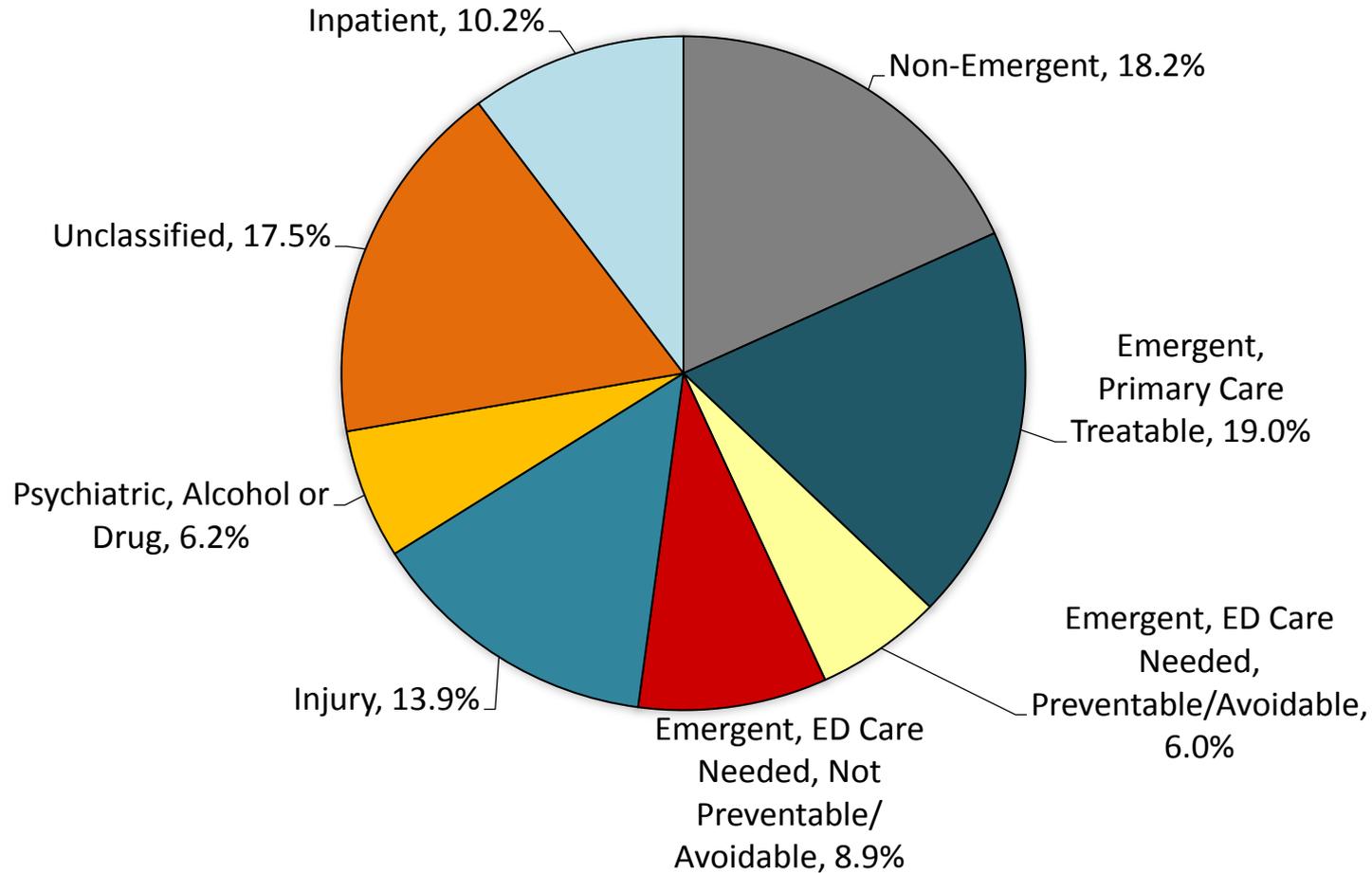
# Medical Home

# Potentially-Avoidable Admissions

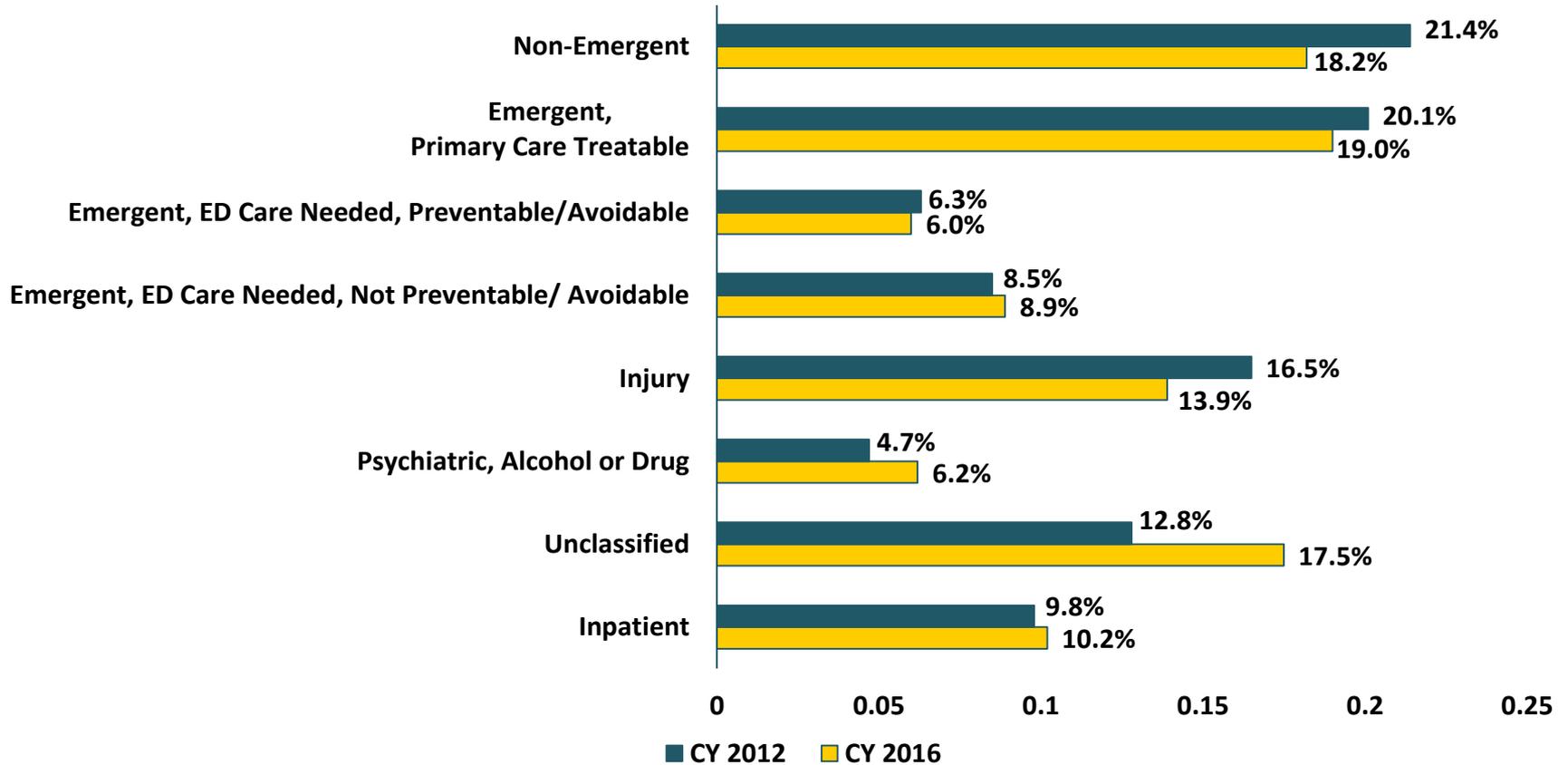
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- MDH uses the Agency for Healthcare Research and Quality's Prevention Quality Indicators (PQI) methodology, which looks for specific primary diagnoses in hospital admission records.
- The percentage of participants with at least one admission due to one of the 16 PQI designations increased from 9.5 percent in CY 2012 to 11.3 percent in CY 2016.
- PQI-designated discharges with the highest rates:
  - COPD or Asthma in Older Adults (PQI #5)
  - Congestive Heart Failure (PQI #8)

# Potentially-Avoidable Admissions



# Potentially-Avoidable Admissions



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# Quality of Care

# HEDIS Childhood Measures

**After declines in CY 2014 due to the inclusion of new MCOs, HEDIS Immunization and Well-Child measures began to recover in CY 2015 and CY 2016. Overall, HealthChoice performance remains above the National HEDIS Mean (NHM).**

- **Immunization Combination Two:** Increased from 76.5 percent in CY 2014 to 82.2 percent in CY 2016—an overall increase from CY 2012 of 2.0 percentage points
- **Immunization Combination Three:** Increased from 73.5 percent in CY 2014 to 80.1 percent in CY 2016—an overall increase from CY 2012 of 2.4 percentage points
- **15-month-old infants who received at least five well-child visits:** Increased from a low of 79.5 percent in CY 2014 to 82.2 percent in CY 2016—still lower than CY 2012 (83.9 percent)
- **Children aged three to six years who received at least one well-child visit:** Decreased by 0.7 percentage points from 82.0 percent in CY 2014 to 81.3 percent in CY 2016—lower than CY 2012 (82.2 percent)
- **Adolescent Well-Care:** Increased by 2.5 percentage points from 62.1 percent in CY 2014 to 64.6 percent in CY 2016—lower than CY 2012 (65.4 percent)

# Lead Test Screening

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- Lead test screening rates between CY 2012 and CY 2016:
  - Improved for children aged 12-23 months: 57.9 percent to 60.7 percent
  - Improved for children aged 24-35 months: 75.6 percent to 78.3 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 3.6 percent in CY 2012 to 2.9 percent in CY 2016.
- Lead recommendations and Health Services Initiative (HSI)
  - 2016: Joint Chairmen's Report put forth recommendations for further improving lead testing rates
  - 2017: Effective July 1, CMS approved an HSI State Plan Amendment, allowing Maryland to leverage federal CHIP matching funds for two programs:
    - Program 1: Healthy Homes for Healthy Kids (lead identification and abatement); and
    - Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management (identify asthma triggers and conditions that contribute to lead poisoning)

# Cancer Screening and Prevention

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- **Breast cancer screening rate\***: Improved by 18.8 percentage points, from 51.0 percent in CY 2012 to 69.8 percent in CY 2016
- **Cervical cancer screening rate**: Decreased by 8.8 percentage points from 73.7 percent in CY 2012 to 64.9 percent in CY 2016
- **Colorectal cancer screening rate**: Decreased from 38.8 percent in CY 2012 to 37.2 percent in CY 2016—however, this rebounded from 32.1 percent in CY 2014

# Management of Chronic Conditions

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- **Asthma:** The rate of participants who remained on asthma controller medication for at least 50 percent of their treatment increased from 46.3 percent in CY 2012 to 55.8 percent in CY 2016.
  - HealthChoice performed above the NHM for the first time in CY 2015 but fell below in CY 2016.
  - The rate for 75 percent compliance also increased to above the NHM in CY 2015 but fell below in CY 2016 (31.1 percent).
- **Diabetes**
  - Retinal eye exam rates decreased to 57.0 percent in CY 2016 from 69.6 percent in CY 2012 but remained about the NHM.
  - HbA1c testing rates increased to 88.9 percent in CY 2016 from 81.2 percent in CY 2012, first surpassing the NHM in CY 2013.\*

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# Special Topics

# Dental Services

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- 68.5 percent of children aged 4-20 years received dental services in CY 2016—an increase of 0.7 percentage points since CY 2012.
- 26.1 percent of pregnant women aged 21 years and older received dental services in CY 2016—a decrease of 3.7 percentage points since CY 2012.
- The dental ASO is implementing a comprehensive five-year plan to improve the engagement of pregnant women in dental care:
  - Assignment to a dental home;
  - Enhanced individual outreach; and
  - Leveraging partnerships with other providers (*e.g.*, Ob/Gyns).

# Behavioral Health

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The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 1.1 percentage points, from 10.4 percent in CY 2012 to 11.5 percent in CY 2016
- A substance use disorder (SUD) diagnosis increased by 0.7 percentage points, from 2.3 percent in CY 2012 to 3.0 percent in CY 2016
- Co-occurring behavioral health diagnoses (MHD and SUD) increased by 1.0 percentage point, from 1.4 percent in CY 2012 to 2.4 percent in CY 2016

# Ambulatory Care Use

Year	Total Number of Participants	At least One Ambulatory Care Visit	
		Number of Participants	Percentage of Total Participants
<b>MHD Only</b>			
<b>CY 2012</b>	96,333	85,880	89.1%
<b>CY 2013</b>	99,978	93,469	93.5%
<b>CY 2014</b>	128,733	120,059	93.3%
<b>CY 2015</b>	142,223	131,875	92.7%
<b>CY 2016</b>	148,186	137,679	92.9%
<b>SUD Only</b>			
<b>CY 2012</b>	21,296	17,520	82.3%
<b>CY 2013</b>	20,481	16,642	81.3%
<b>CY 2014</b>	36,067	26,057	72.2%
<b>CY 2015</b>	35,628	25,355	71.2%
<b>CY 2016</b>	37,938	27,154	71.6%
<b>MHD + SUD</b>			
<b>CY 2012</b>	13,242	11,732	88.6%
<b>CY 2013</b>	13,417	12,633	94.2%
<b>CY 2014</b>	25,076	23,072	92.0%
<b>CY 2015</b>	27,601	25,257	91.5%
<b>CY 2016</b>	30,646	27,973	91.3%

# ED Utilization

Year	Total Number of Participants	At least One ED Visit	
		Number of Participants	Percentage of Total Participants
<b>MHD Only</b>			
CY 2012	96,333	45,727	47.5%
CY 2013	99,978	46,674	46.7%
CY 2014	128,733	60,059	46.7%
CY 2015	142,223	63,326	44.5%
CY 2016	148,186	65,571	44.3%
<b>SUD Only</b>			
CY 2012	21,296	13,404	62.9%
CY 2013	20,481	12,495	61.0%
CY 2014	36,067	18,918	52.5%
CY 2015	35,628	18,010	50.6%
CY 2016	37,938	19,251	50.7%
<b>MHD + SUD</b>			
CY 2012	13,242	9,452	71.4%
CY 2013	13,417	9,522	71.0%
CY 2014	25,076	17,341	69.2%
CY 2015	27,601	18,685	67.7%
CY 2016	30,646	20,887	68.2%

# Medication-Assisted Therapy

- Methadone Replacement Therapy (MRT)
  - SUD-only: From CY 2012 to CY 2016, MRT use increased by 14.5 percentage points, from 25.6 percent to 40.1 percent.
  - MHD+SUD: From CY 2012 to CY 2016, MRT use increased from 30.2 percent to 33.1 percent.
- Medication-Assisted Therapy (MAT)
  - SUD-only: From CY 2012 to CY 2016, MAT use increased by 21.9 percentage points, from 36.6 percent to 58.5 percent.
  - MHD+SUD: From CY 2012 to CY 2016, MAT use increased from 49.9 percent to 60.0 percent.

# Children in Foster Care

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- 76.2 percent of children in foster care received at least one ambulatory care visit in CY 2016, compared with 82.3 percent of other HealthChoice children.
  - This is an overall increase from CY 2012, when 74.1 percent of children in foster care received an ambulatory care visit.
  - As observed across the general HealthChoice population, younger children in foster care were more likely than older children to receive ambulatory services.
- 34.2 percent of children in foster care had at least one ED visit in CY 2016, a decrease from 36.8 percent in CY 2012.
- 63.4 percent of children in foster care had at least one dental visit in CY 2016, compared with 62.7 percent of other HealthChoice children.

# Reproductive Health

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**HealthChoice performance exceeded the NHM, with the exception of CY 2013.**

- Receiving timely prenatal care: 87.6 percent in CY 2016
  - Increase of 1.8 percentage points over CY 2012
  - Increase of 6.1 percentage points over the low in CY 2013
- Receiving expected number of prenatal visits
  - Percentage of women who received more than 80 percent of expected visits declined to 71.0 percent in CY 2016 from 71.5 percent in CY 2012
  - Percentage of women who received less than 21 percent of visits decreased to 5.0 percent in CY 2016 from 6.3 percent in CY 2012

# **Antenatal Care Outreach**

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**Eight of the nine MCOs are conducting outreach to enrollees of childbearing age.**

- Identification: Maryland Prenatal Risk Assessment, claims data, provider referrals, self-referrals, Local Health Departments
- Media: Mailings, phone, events, member handbooks, patient education, online resources
- Referrals to: Community-based organizations, Ob/Gyns, PCPs, dental providers, behavioral health providers, prenatal classes, post-partum care

# Family Planning Program

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- The Family Planning Program expanded to cover women under age 51 below 200 percent of the Federal Poverty Level in 2012.
- Enrollment decreased by 9,436 between CY 2012 and CY 2016 to 15,447 participants with any period of enrollment in CY 2016.
  - This corresponds with the ACA expansion, which expanded eligibility for comprehensive coverage to many Family Planning Program participants.
- 2,925 participants received at least one service in CY 2016 (18.9 percent).

# HIV/AIDS

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- The overall percentage of participants with HIV/AIDS with an ambulatory care visit increased by 0.7 percentage points, from 91.4 percent in CY 2012 to 92.1 percent in CY 2016 (a decrease of 0.7 percentage points from CY 2014).
- ED utilization decreased by 4.0 percentage points, from 55.3 percent in CY 2012 to 51.3 percent in CY 2016, after peaking at 55.9 percent in CY 2013.
- CD4 testing increased by 5.6 percentage points, from 70.0 percent in CY 2012 to 75.6 percent in CY 2016.
- Viral load testing decreased by 0.1 percentage points, from 69.5 percent in CY 2012 to 69.4 percent in CY 2016.

# HIV/AIDS

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- HIV Screening: From CY 2012 to CY 2016, the percentage of HealthChoice participants screened for HIV increased from 15.4 percent to 16.2 percent.
- HIV Pre-Exposure Prophylaxis (PrEP) Use: From CY 2012 to CY 2016, the percentage of HealthChoice participants taking PrEP decreased from 0.25 percent to 0.19 percent.

# REM Program

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- The percentage of REM participants receiving dental visits grew by 4.6 percentage points, from 49.2 percent in CY 2012 to 53.8 percent in CY 2016.
- Ambulatory care visits increased by 0.5 percentage points over the study period.
- ED utilization rate decreased by 1.6 percentage points between CY 2012 and CY 2016, from 45.9 percent to 44.3 percent, after peaking in CY 2013 at 46.7 percent.

# Racial and Ethnic Disparities

- Blacks (561,106) and Whites (369,408) gained the greatest enrollment numbers; proportionally, the Other and Asian categories grew the most.
- Ambulatory care visit rates increased among children of all racial and ethnic groups from CY 2012 to CY 2016; among adults, Asians, Whites and Native Americans experienced decreases.
- Blacks continued to have the highest ED rate (37.1 percent), while Asians had the lowest (16.0 percent).
- Data integrity challenges

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# ACA Expansion

# History

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- July 2006: Primary Adult Care (PAC) Program covers childless adults up to 116 percent FPL
- January 2014: Maryland expands Medicaid eligibility under the ACA to cover adults under age 65 up to 138 percent FPL
- The expansion population consists of three principal sub-groups:
  - Former PAC participants
  - Childless adults not previously enrolled in PAC
  - Parents and caretaker relatives

# Demographic Highlights

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- **Race/Ethnicity**
  - Majority of enrollees were Black (43.2 percent) or White (36.9 percent)
- **Gender**
  - Female: 49.5 percent
  - Male: 50.5 percent
- **Age**
  - 19-34 years: 42.3 percent
  - 35-49 years: 25.1 percent
  - 50-64 years: 32.7 percent
- **Region: The majority of participants (76.2 percent) resided in...**
  - Baltimore Suburban (29.1 percent)
  - Washington Suburban (25.9 percent)
  - Baltimore City (21.2 percent)

# Service Utilization

Enrollment Period	CY 2014			CY 2015			CY 2016		
	Number of Users	Total Enrollees	% of Total	Number of Users	Total Enrollees	% of Total	Number of Users	Total Enrollees	% of Total
<b>Inpatient Admissions</b>									
<b>Any Period</b>	26,573	283,697	9.4%	31,087	365,992	8.5%	32,622	355,271	9.2%
<b>12 Months</b>	14,028	118,255	11.9%	19,088	168,682	11.3%	22,670	222,677	10.2%
<b>Ambulatory Care Visits</b>									
<b>Any Period</b>	174,293	283,697	61.4%	225,794	365,992	61.7%	236,729	355,271	66.6%
<b>12 Months</b>	95,639	118,255	80.9%	138,728	168,682	82.2%	172,901	222,677	77.7%
<b>ED Visits</b>									
<b>Any Period</b>	89,029	283,697	31.4%	110,071	365,992	30.1%	114,624	355,271	32.3%
<b>12 Months</b>	46,838	118,255	39.6%	65,587	168,682	38.9%	82,894	222,677	37.2%

# Behavioral Health Utilization

Enrollment Period	CY 2014			CY 2015			CY 2016		
	Number of Users	Total Enrollees	% of Total	Number of Users	Total Enrollees	% of Total	Number of Users	Total Enrollees	% of Total
<b>MHD Only</b>									
<b>Any Period</b>	26,774	283,697	9.4%	35,123	365,992	9.6%	37,637	355,271	10.6%
<b>12 Months</b>	15,504	118,255	13.1%	22,559	168,682	13.4%	27,742	222,677	12.5%
<b>SUD Only</b>									
<b>Any Period</b>	18,911	283,697	6.7%	21,529	365,992	5.9%	23,739	355,271	6.7%
<b>12 Months</b>	10,234	118,255	8.7%	12,518	168,682	7.4%	16,717	222,677	7.5%
<b>Dual Diagnosis</b>									
<b>Any Period</b>	12,666	283,697	4.5%	15,899	365,992	4.3%	18,100	355,271	5.1%
<b>12 Months</b>	8,356	118,255	7.1%	11,252	168,682	6.7%	14,501	222,677	6.5%
<b>None</b>									
<b>Any Period</b>	225,346	283,697	79.4%	293,441	365,992	80.2%	275,795	355,271	77.6%
<b>12 Months</b>	84,161	118,255	71.2%	122,353	168,682	72.5%	163,717	222,677	73.5%

# Questions?

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HealthChoice evaluations can be found here:

<https://mmcp.health.maryland.gov/healthchoice/pages/HealthChoice-Evaluation.aspx>

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